

THE ETHICS OF GIFTED EDUCATION: WHAT CAN WE LEARN FROM MEDICAL ETHICS?

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Abstract

In developed countries, education, like medical provision, is a key focus of social welfare. Recent years have seen a tendency to compare education to medicine in the call for evidence-based policy and practice. The problematical aspects of this are significant and have been explored elsewhere. This essay suggests an area for more fruitful comparison between the two domains: a consideration of how the ethical principles informing the medical profession might shed light on the ethics of gifted education.

Since the time of Hippocrates medical practitioners have been concerned to ground their activities in a set of ethical principles that govern the doctor–patient relationship and reflect wider conceptions of a good society. These principles may be grouped into four key areas:

- respect for autonomy
- beneficence
- non-maleficence (doing no harm)
- justice.

This essay considers the extent to which these principles overlap with, and might inform, the ethics of gifted education. In particular, it seeks to identify and explore key ethical issues and tensions in gifted education related to them, including:

- respect for autonomy: consent and the right to underachieve
- beneficence: what good is done by gifted education, and to whom
- non-maleficence: the character and competing claims of potential harms to gifted students and others
- justice: equal rights for giftedness as a special educational need; distributive justice and parity of esteem.

Introduction

In recent years, the search for 'evidence-based' models of educational practice in the UK has fostered a tendency among governmental advisory bodies to look to medical paradigms. While this has prompted discussion around the issues of comparing 'hard' medical science and 'softer' educational research, there has been no effort to shift the focus to the ethical commonalities of the two domains. I would like to suggest that, for a number of reasons, a consideration of medical ethics is helpful in understanding issues in educational ethics. Gifted education by its very nature exemplifies key issues in educational ethics, raising questions such as:

- What is education for?
- Who is it for?
- How is it to be provided equitably?
- How are conflicts between the interests of different groups to be settled?

Why look at medical ethics?

Medical ethics is a well-established field of applied ethics in a parallel social welfare domain. As with education, in medicine the stakes are high. Medical provision, like education, is regarded as a key indicator of a civilised society, and public expenditure, at least in developed countries, is considerable. Both medical and educational issues represent crucial areas of public concern and political debate.

In addition, medical ethics is a well-established field of *professional* ethics with resonance for education. In both fields, commitment to public service is an important motivator for practitioners. Both fields share features with regard to the practitioner–client relationship, which is characterised by professional expertise and authority on the part of the practitioner, and a degree of vulnerability on the part of the recipient. The power dynamic is unequal; both patients and pupils must take what is on offer. To guard against potential abuses of this situation, doctors traditionally take the Hippocratic Oath; nurses and other healthcare practitioners have equivalent codes of conduct. Similarly, the teaching profession requires demonstration of rigorous standards of conduct before individuals are admitted.

Neither medicine nor education is a purely personal endeavour. The experiences of recipients and practitioners alike are influenced by cultural, structural, and policy issues. Both medicine and education reflect their times, key issues are often contested, and abundant historical examples illustrate that the approved practices of one age are often seen in hindsight to be erroneous or even inhumane.

Of course gifted education, like education as a whole, has its own set of burning ethical issues, including those of definition, excellence versus elitism, inclusiveness and social justice. These are hotly debated, as they should be. But discussion quickly becomes channelled into established adversarial discourses and entrenched positions. Medical ethics has generated a

thoughtful and provocative literature, and its example provides educators with the opportunity to look beyond the parameters of our own field to see what relevant lessons might be learned.

Principle-based and virtue-based ethics

There are two main approaches in medical ethics: principle-based and virtue-based. The principle-based approach relies on the consideration and application of general ethical values. The authors of a leading textbook on medical ethics note that ‘A set of principles in a moral account should function as an analytical framework that expresses the general values underlying rules in the common morality. These principles can then function as guidelines for professional ethics.’ (Beauchamp and Childress 2001:12).

The virtue-based approach grounds its arguments in the characters of the individuals involved in particular ethical situations. Its proponents claim that considering ‘What the moral person should do’ allows important emotional and interpersonal issues to be considered, and addresses the complexity and specificity of ethical issues better than a principle-based position.

In this essay, I consider the principle-based approach. Principle-based ethics emphasises action, while virtue ethics focuses on the person performing the action. Some commentators emphasise the complementarity of principle- and virtue-based ethics. I accept this refinement and would not wish to discount the importance of the virtue-based approach. Nevertheless, in this brief discussion, I feel there is much to be learned from the principles informing medical ethics. Ethics is about moral decision-making, and many of the key issues in gifted education, explicitly or implicitly, are about weighing the competing moral claims of one course of action against another.

My discussion is based around the four fundamental principles identified by Beauchamp and Childress (2001), and discussed in Ranaan Gillon’s clear and helpful short book, *Philosophical Medical Ethics* (1985). These four principles are:

- respect for autonomy
- non-maleficence
- beneficence
- justice.

These ‘general values underlying rules in the common morality’ may be justified by ‘deontological’ and/or ‘consequentialist’ arguments. Deontological arguments appeal to duties (for example the moral duties arising from religious adherence). The most well-known secular statement of a deontological position is Kant’s categorical imperative, briefly summarised as:

- we should treat other human beings as ends in themselves, rather than as means to ends, and

- we should behave in a way that we would be willing to have universally applied (A simplified version of this is the Golden Rule: 'Do as you would be done by.')

Consequentialist arguments are based on the outcomes of actions. The most important formulation of this stance is utilitarianism, expressed in notions such as maximising pleasure and minimising pain, and promoting 'the greatest happiness for the greatest number'.

Several other important moral formulations relevant to medical and educational ethics will be considered in the section on justice. In the next section, I briefly consider the principles of respect for autonomy and beneficence, and suggest issues in gifted education to which they might relate. I focus at greater length on the principles of non-maleficence and justice, before concluding with a consideration of ways of deciding among the claims of competing principles, and a description of the features of ethically defensible programmes of gifted education.

Respect for autonomy

Respect for autonomy – sometimes termed respect for the person – is the principle which, in Gillon's view, takes precedence over the other principles, all things being equal. The preferences of patients regarding their own medical treatment, while not necessarily definitive, are a crucial factor guiding doctors' actions and decisions. This principle of respect can be justified both on deontological and consequentialist grounds, and balances the unequal power relationship between doctor and patient.

In medicine, the principle of respect does not of course justify complete patient autonomy in dictating medical treatment. Circumstances that curtail this include:

- the superior professional knowledge and experience of practitioners
- the need for patients' preferences to be restricted to medically effective and defensible options
- the need for patients to be legally and mentally adults.

Respect for the person entails respect for the range and variety of crucial differences among people. Applied to education, it calls for respect for the differences causing variations of ability at higher as well as lower levels than the norm – and by extension demands provision appropriate to these differences. It calls for respect for unrealised potential as well as demonstrated achievement, and for educational responses that address the full range of a child's or young person's needs, including social and emotional ones.

Key issues related to the principle of respect for autonomy include informed consent and the right to make independent choices and to refuse interventions. Clearly children and young people are not fully autonomous

individuals either in a developmental or legal sense, and may not have the ability to make fully autonomous choices. They are, however, on a continuum of autonomy, and have preferences, desires and an ability to make choices that are autonomous to some degree. Even given the crucial differences between schooling and medical care, and between the right to consent between children and adults, issues of consent also pertain to gifted education.

Research evidence on the preferences of gifted students to control their own learning is compelling. Respect for autonomy requires educators to consult the preferences of young people, including gifted students, about schooling. The current personalisation agenda and interest in 'pupil voice' are examples of efforts to apply this principle to educational policy.

A critical aspect of autonomy is the right to refuse interventions. In terms of gifted education, this might mean a young person's decision not to participate in a programme or to underachieve. One team of researchers has studied the motivations of a group of 'underperformers' in mainstream schooling in British Columbia and described their decisions as 'honourable' (primarily because the classroom provision they received failed to allow them sufficient discretion over the pace and content of their learning) (Kanevsky and Keighley 2003).

Beneficence

According to Gillon, beneficence – proactively doing good – is the principle entailing the weakest moral obligation on doctors. This is not to say that practitioners should not aim for beneficial outcomes of their treatments. But even a brief consideration of doctors 'doing good' against their patients' wishes (forcing a blood transfusion on a Jehovah's Witness, for example) raises issues as to whose conception of 'good' should prevail. It also illustrates the fact that one ethical principle can conflict with another in such a way that one of them must be contravened. In the example of the Jehovah's Witness, medical benefit is at odds with respect for the patient's autonomy. Even if everyone agreed that a doctor's actions were nothing but good, however, a kind of triage of beneficence, informed by other, superordinate principles, would still be required to determine which good the doctor should undertake first. Issues such as these demonstrate that beneficence often needs to be bounded or directed by other principles.

Nevertheless, we should still consider gifted education programmes in terms of the good they produce. We may ask first, whether they do any good at all, and second, how we are to judge this question. I am using the term 'good' here to mean positive benefit to relevant individuals or groups of people. This raises a third question: who has the right to be considered a relevant person in this determination of benefits? In other words, who should benefit?

Few educators would disagree that the main purpose of gifted education programmes should be to benefit their recipients – children and young people

of high ability. It is notable, however, how often this deontological grounding is subordinated in public discussion to instrumental arguments that emphasise the benefits to society as a whole, to a country's global competitiveness, and so on. This is certainly the case where gifted education programmes are publicly funded. As Carl Rogers put it, 'Wasting the potential of a gifted mind is reckless for a society in desperate need of creativity and inventiveness'.

It is outside the scope of this discussion to propose tests for ascertaining the benefits of gifted education programmes. Fair and accurate evaluations are difficult, and must certainly be context-specific. They raise issues such as:

- who evaluates and who sets the terms of reference
- what is the balance of interests between individual recipients and society
- how long should programmes be allowed to run before they are judged
- who sets the standards against which they are assessed.

In practice, standards for publicly funded programmes are most often confined to 'key performance indicators' such as percentages of students with high marks on tests, high grade point averages and so on. If there are other, social, benefits included among the aims of a programme, such as social justice for gifted disadvantaged students, the indicators often include numbers of students progressing to higher education and so on. These tests are necessarily short-term in scope (for example, five rather than twenty years) and tend to focus on whether taxpayers are receiving value for money. They are determined by a neoliberal mindset whose assumptions include the belief that market dynamics can and should govern social welfare activities; that the results of programmes can be identified and quantified in the relatively short term, and so on.

It is not my intention here to condemn efforts to evaluate the benefits of publicly funded gifted education programmes. While the need for accountability and the responsible use of funding is evident, however, we must be aware that this type of evaluation gives us only a partial, macro-level, and short-term picture of a much more complex reality having to do with individual lives in the present and future. Moreover, in this type of exercise it is much easier to identify failures and short-comings than benefits and successes. This is especially true if the programme is linked to ambitious political targets or aspirations. In any more finely-granulated assessment, the voices of the students and other stakeholders such as parents and teachers must be sought and given evidential weight.

If asking about the benefits of gifted education programmes is a hard question, it is much easier to identify their disadvantages. The two major criticisms levelled at gifted education programmes, whether explicitly or implicitly, are that they are harmful and that they are unfair.

Non-maleficence

Non-maleficence is the principle that holds that, in providing medical care, doctors must not make matters worse. This is often formulated as the Latin dictum '*primum non nocere*' – 'first (or above all) do no harm'. As Gillon points out, absolute compliance with this shibboleth of medical ethics is both overly simplistic and impossible in practice, as many types of treatment involve certain disadvantages (for example, the side effects of a drug whose overall effect is curative).

In terms of gifted education, the principle of non-maleficence may be considered in light of the questions:

- Do gifted education programmes cause harm?
- If so, to whom?
- Does the harm outweigh any good that can be presumed or demonstrated?

There are four main ways in which programmes might be harmful.

- Programmes could harm gifted children in some way, either educationally or by neglecting their wider emotional, social or physical needs.
- Programmes could be unjust by excluding unrecognised gifted students.
- Programmes could be harmful to children not regarded as gifted, for example by making them feel inferior.
- Programmes could be harmful to society as a whole, for example by reinforcing socio-economic deprivation.

In fact, all of these harms have been imputed to gifted education, either generally or with regard to specific programmes. There are those, such as the British educationalist John White, who believe that gifted programmes are by definition pernicious because they perpetuate false constructs of ability, create invidious distinctions between children and demand an undue share of resources (White 2006; see also Hart et al 2004). In the United States, Mara Sapon-Shevin claims that gifted education programmes foster a type of 'educational triage' that siphons off resources from the majority of children, and fosters schools' self-deception regarding their own effectiveness (Sapon-Shevin 1994).

A number of critics argue that, because notions of ability are culturally constructed, programmes reinforce and exacerbate social inequities. David Gillborn, a colleague of White's and a leading researcher on race and education in the UK, cites the UK government's own statistics showing that Black children are under-represented in gifted programmes in England. His research indicates that in mainstream schooling Black children are disproportionately placed in programmes 'for which the highest possible grade is commonly accepted as a "failure"', and he contends that gifted education programmes perpetuate the assumptions that lead to such outcomes (Gillborn 2005: 4; DfES 2005: 36).

These arguments are typical of criticisms in a number of countries that gifted education programmes foster social harm. In terms of harm to individual children, critics within and outside the field are concerned that programmes might cause harm through inaccurate and unjust identification procedures, inappropriate educational strategies, lack of suitable pastoral care, labelling, stereotyping, and so on.

The gifted education field has accepted and responded to criticisms of harm, with a number of scholars and practitioners (a number of them represented in this volume) striving to create more defensible approaches that ameliorate real or potential harms to gifted children, those not regarded as gifted, and society as a whole.

Some educationalists outside the field, such as White, argue that this is insufficient, and that only a paradigm shift that dispenses with the dominant models of intelligence and ability will eradicate these harms. The two camps could perhaps be summarised as those who believe the baby should not be thrown out with the bathwater (reformists within the field), and those who believe there *is* no baby in the bathwater (the abolitionists).

It is of course worth noting that a number of commentators, as well as parents, teachers and gifted individuals themselves, point out the harms to individuals and society of *not* having gifted education programmes.

As in medicine, the complete eradication of harm in educational programmes is a practical impossibility. The best we can do is to weigh the balance of possible harms against possible benefits and construct programmes that minimise the former and maximise the latter. Certainly, in seeking to promote the greatest good for the greatest number, this approach has an element of utilitarianism. It also raises issues about whose interests are to have priority in the balancing of good against harm, and leads to a consideration of the fourth principle, justice.

Justice

Justice is the principle appealed to most frequently in public debates over the ethics of gifted education programmes. As we have seen, critics argue that programmes are unjust by treating gifted and non-gifted children differently, and by denying non-gifted children the esteem and resources bestowed on gifted students. Defenders of programmes argue that it is unjust to treat gifted children as though they were not gifted, and that they have a right to the type of education they need.

Many of these disputes arise out of competing philosophical interpretations of justice. One of these is Aristotle's 'formal principle' that defines justice as equality: 'Equals should be treated equally and unequals unequally in proportion to the relevant inequalities' (cited in Gillon 1985: 87-8). This stance can be seen to defend gifted education programmes, as it provides a

justification for differences in treatment, as long as the 'inequalities' are 'relevant' (a point that critics such as White particularly contest).

In terms of distributive justice, the Marxist maxim 'from each according to his abilities, to each according to his needs', might be seen to justify a levelling of educational provision, with the 'neediest' being seen as the most deserving. This is sometimes interpreted in education to mean that 'deficits' always trump 'over-endowment', for example that children with learning difficulties should be accorded more resources than children who find learning easy.

Another relevant interpretation is that of John Rawls, who conceives of justice as fairness. Rawls hypothesises that a truly fair society would allow deliberate inequalities (in the sense of preferential treatment, perquisites and the like) only if they work to the advantage of the least advantaged in society (Rawls 1976). Proponents of gifted education could argue that different treatment for gifted students is likely to work to the advantage of society. Critics might counter that research evidence points to a weak correlation between childhood giftedness and outstanding achievement in adulthood, so the link between gifted programmes and social benefit is tenuous. In any case, a justification based on Rawls's theory regards gifted students in an instrumental sense, as potential deliverers of future social good, rather than as ends in themselves. It is worth noting that both the Marxist and Rawlsian positions entail moral duties on gifted individuals, who are enjoined to benefit society 'according to their abilities'.

A theory more in keeping with a deontological approach is offered by the legal philosopher Ronald Dworkin, who argues in defence of the rights of minorities against the 'tyranny of the majority' (Dworkin 1977). Dworkin's position counters the utilitarian view by asserting that minorities retain certain inalienable rights even when this works against the interests of the majority. This leads us to the question: Do gifted students have special (minority) rights by virtue of their giftedness?

Carrie Winstanley addresses this rather neatly by emphasising that gifted students have the *same* rights as all students, but that the right involved is the right to 'equality of challenge'. This is defined as provision appropriate to develop their particular talents as they are, without being linked to an overriding age norm (Winstanley 2004). To relate this to both Aristotle's formal principle and the Marxist dictum, the 'relevant inequality' becomes a difference in the *character*, not the *degree*, of need. Consequently the emphasis on 'to each according to his needs' can justify specific provision for the character of gifted students' needs. This stands as a counter-argument to the notion, often found among both educators and the general public, that gifted students' supposed superfluity of ability represents an unfair advantage deserving no further enhancement. It also invokes Kant's categorical imperative by treating gifted children as ends in themselves, that is: as children with specific needs demanding educational responses.

Resolving ethical conflicts

Ethical values often conflict with one another and educators and policy makers must steer a course through competing moral claims. Can medical ethics help us devise defensible approaches to gifted education that go some way to reconciling such conflicts? One possible route is represented by the intuitionist approach of the British philosopher W. D. Ross, which holds that, because moral issues are complicated, conflicts between moral imperatives should be settled on a case by case basis, guided by moral intuitions (Gillon 1985: 14-5). This seems to me a persuasive, if commonsensical, answer, but perhaps one that does not leave us much the wiser, or hold much promise for policy-makers.

Beauchamp and Childress have elaborated on this notion, however, advancing a helpful and rigorous systematisation of the intuitionist approach. They offer a set of tests to guide in the selection of one *prima facie* ethical principle or norm over another, in cases where they conflict (Beauchamp and Childress 2001: 19-22). These tests are general enough to apply to ethical conflicts in many spheres, and are relevant to the ethical questions arising over gifted education programmes.

The tests are:

1 'Better reasons can be offered to act on the overriding norm than on the infringed norm'. People who have rights under a particular principle deserve special consideration over people with no comparable rights. Here the question is whether gifted children's rights of 'equality of challenge' override the rights of other children not to suffer the potential disadvantages of not being considered gifted.

2 'The moral objective justifying the infringement must have a realistic prospect of achievement.'

3 'The infringement is necessary in that no morally preferable alternative actions can be substituted.'

4 'The infringement selected must be the least possible infringement, commensurate with achieving the primary goal of the action.'

5 'The agent must seek to minimize any negative effects of the infringement.'

6 'The agent must act impartially in regard to all affected parties; that is, the agent's decision must not be influenced by morally irrelevant information about any party.'

Beauchamp and Childress emphasise that moral disagreements can occur even when these tests are applied to a situation by people of equal moral seriousness and probity. Such tests are unlikely to prevent disagreements, but

might help both proponents and critics reflect on their own moral intuitions and allow them to understand better those of people holding opposing views.

Features of ethical gifted education programmes

This overview of the principles of medical ethics and their possible relevance to gifted education leads me to suggest the following characteristics of ethically defensible gifted education programmes.

Ethically defensible programmes:

- treat gifted children and young people as ends in themselves
- prioritise the needs of gifted students over societal agendas seeking to make use of them
- respect the 'relevant inequalities' of gifted students while according them equal rights to appropriate educational provision
- are designed to be flexible and permeable, with multiple entry and exit opportunities
- are self-challenging – aware of the fallibility of systems and the fact that conceptions of high ability (and pedagogical approaches) are contested and change over time
- respect the autonomy of gifted students by allowing them optimal levels of discretion over learning processes and content, and even over their right to opt out of a programme
- are sensitive to individual variances among the gifted population, and provide for these
- seek to prevent harm to gifted children in their emotional, social and physical well-being
- seek to prevent harm to the self-esteem and educational opportunities of other children not identified as gifted
- are outward-looking and sensitive to the larger social context and strive – in terms of definitions of ability, identification approaches, entry procedures, pedagogy, assessment and pastoral support – to reduce rather than perpetuate inequity and disadvantage
- seek to promote maximum and balanced benefit to gifted children and young people in terms of their intellectual development, emotional well-being, physical health and social fluency.

It is likely that some of these features conflict with one another, and virtually certain that the list is not exhaustive. Perhaps indeed there are other desiderata for gifted education programmes outside this ethical framework, for example, intellectual rigour and faithfulness to the evidence emerging from scientific research on aspects of giftedness.

In any case, an exploration of the principles underlying the parallel professional and social-welfare domain of medicine can help educators forge a better understanding of the ethical issues and values surrounding gifted

education. We may hope that this will contribute to the process of improving the design, organisation and delivery of ethically defensible programmes.

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The future of gifted education

Among OECD countries, the UK registers high in both educational excellence (a Good Thing) and educational inequality (a Bad Thing). In the past decade there have been important attempts to redress inequality of access to gifted education, but certain entrenched systemic features of the prevailing 'factory' model of education limit their effectiveness. Introducing flexibility for the age of entry to primary school (later as well as earlier), abolishing 'age lock-step' in

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progression through school and exams, removing the academic–vocational divide, and providing multiple opportunities for success would all be helpful developments. A few of these are in train already under the ‘personalisation agenda’.

Finally, the current inconsequential definitions of ‘giftedness’ as academic ability/potential and ‘talent’ as artistic or kinaesthetic ability should be replaced with Gagne’s definitions of ‘giftedness’ as potential and ‘talent’ as realised performance. This would disarm accusations of essentialism among critics and affirm the transformative role of education in nurturing gifts into talents.

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